

INSTRUCTIONS
ILLINOIS MEDICAL ASSISTANCE PROGRAM
PROVIDER ENROLLMENT APPLICATION

Enrollment in the Illinois Medical Assistance Program requires the completion of an application with an original signature of an individual or if a business entity, an authorized person. All providers are required to complete, sign and date a Provider Agreement. Enclose additional pages when more information is available than space allows.

Providers are required by the U.S. Postal Service to use a 9 digit zip code for all addresses.
Mail without the 9 digits may be returned by the U.S. Postal Service.

Providers required to submit the Disclosure of Ownership and Control Interest Statement Form (HCFA 1513) for participation in the Federal Medicare Program, are required to submit a copy of the HCFA 1513 to the Illinois Department of Public Aid.

NOTE: When a Change of Name occurs, a new enrollment application, agreement and attachments must be completed and submitted to the Department.

NOTE: Transportation requires copy of Vehicle Identification Card for all vehicles approved to transport medical clients.

SECTION A: PROVIDER

1. Check appropriate box for type of enrollment.
2. **PROVIDER TYPE:** Enter applicable three (3) digit code from Attachment A.
3. **PROVIDER NAME:** Individual Practitioners must enter name in last name, first name format. All other applicants must enter the complete business name.
4. **PRIMARY OFFICE ADDRESS STREET:** Provider must give a physical location, not a PO Box
6. **COUNTY:** For Transportation providers this must reflect the county where vehicle(s) are located.
11. **EMAIL ADDRESS:** Enter up to three (3) e-mail addresses.
14. **ILLINOIS BUSINESS TAX NUMBER:** Issued by the Illinois Department of Revenue.
15. **LICENSE/CERTIFICATION/ENROLLMENT REQUIREMENTS:** See Attachment B for specific provider requirements.
16. **DRUG ENFORCEMENT ACT NUMBER:** Enter the DEA number issued to the above identified address and any additional DEA numbers issued.
17. **NATL PROV IDENTIFICATION NUMBER:** Enter the National Provider Identification Number as issued by HCFA, if available.
18. **MEDICARE PART A NUMBER:** Enclose documentation of Medicare Certification.
19. **ORGANIZATION TYPE:** Enter the one (1) digit number to indicate the type of ownership: (1) SOLE PROPRIETARY (2) PARTNERSHIP (3) CORPORATION
20. **CONTROL OF FACILITY:** Enter the one (1) digit number to indicate the type of facility control: (1) STATE/COUNTY/ CITY (2) RELIGIOUS/CHARITABLE (3) PROPRIETARY (4) OTHER.
21. **FISCAL YEAR:** Enter the end date of your Business Fiscal Year (MM/DD/YYYY).
22. **CLINICAL LABORATORY IMPROVEMENT ACT NUMBER:** Enter appropriate CLIA number documenting the approval to provide laboratory services.

SECTION B: SERVICE/SPECIALTY

23. **CATEGORY OF SERVICE:** Enter all applicable three (3) digit code(s) from Attachment C.
24. **PROVIDER SPECIALTY:** See Attachment D-1.
25. **PHYSICIAN UPIN NO:** Unique Physicians Identification Number.
26. **OMNIBUS BUDGET RECONCILIATION ACT (OBRA) QUALIFICATION:** (Physician only) OBRA '90 mandates that physicians being reimbursed for services to children under the age of 21 meet certain qualifications. Enter each three digit alpha code from Attachment D-2 which applies.
28. **PHARMACY LOCATION:** Enter the one (1) digit number which best describes the location of the pharmacy. (1) Hospital based (2) Long Term Care based (3) Other.
33. **NCDCP#:** Enter seven (7) digit National Council Drug Prescription Program Number.
34. **TRANSPORTATION (only):** Usual and Customary rates: TAXI: Enter usual and customary base, meter, or flag and mileage rate. Enclose a copy of documentation approving your municipality rate, if applicable.
37. **LONG TERM CARE MEDICARE BED CAPACITY:** Enter Number of Medicare eligible beds in facility.
38. **LONG TERM CARE FISCAL MEDICARE FISCAL INTERMEDIARY:** Enter Name of Medicare carrier.
39. **LONG TERM CARE BUILDING ID CODE:** Enter Seven (7) digit code assigned by Department of Public Health.

SECTION C: FORMER PARTICIPATION

If you are not currently participating in the Illinois Medical Assistance Program, but have participated in the past, please complete this section. If not applicable, leave blank.

SECTION D: ADDITIONAL PARTICIPATION

If you are currently participating in the Illinois Medical Assistance Program as another provider type(s), please complete this section. If not applicable, leave blank.

- 42. **PROVIDER TYPE:** Enter the three (3) digit number to indicate other types of participation from Attachment A.
- 43. **PROVIDER NUMBER:** Enter the provider number associated with the type listed.
- 44. **PROVIDER NAME:** Enter the provider name as it appears on the Provider Information Sheet.

SECTION E: PAYEE INFORMATION

One or more payee section (s) must be completed.

Individual Practitioners are to complete a payee section for each address to which payments are to be sent. If payments are to be sent to more than two addresses, enclose a sheet of paper with payee information for each.

The enclosed Alternate Payee Form and Power of Attorney must be completed if the payee name is different than the provider name.

- 47. **DOING BUSINESS AS (D/B/A):** If a Sole Proprietorship using a d/b/a name, enter the d/b/a name.
- 53. **TAXPAYER IDENTIFICATION NUMBER (TIN) TYPE CODE:** Enter the one (1) digit type code below which identifies the tax structure of the SSN/FEIN entered:

TYPE CODE

- 1 Federal Employer Identification Number (Corporation/Partnership)
- 2 Social Security Number (Individual)
- 3 Governmental Unit

- 54. **MEDICARE PART B NUMBER:** Enter the six (6) digit number assigned by your Medicare Part B Carrier.
- 55. **PHYSICIAN ID NUMBER (PIN):** Enter the six (6) digit number assigned by your Medicare Part B Carrier.
- 56. **DURABLE MEDICAL EQUIPMENT REGIONAL CARRIER (DMERC):** Enter the ten (10) digit number assigned by DME Regional Carrier.

SECTION F: ENROLLMENT DATA/ CERTIFICATION/SIGNATURE/HANDBOOK

THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY.

Questions regarding completion of the Provider Enrollment Application should be directed to the Provider Participation Unit, (217) 782-0538. Please mail the completed application, signed agreement, and all other required documentation to:

Illinois Department of Public Aid
Provider Participation Unit
P.O. Box 19114
Springfield, Illinois 62794-9114

Additional information regarding Illinois Department of Public Aid can be obtained at:

<http://www.dpaillinois.com/>

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PROVIDER TYPE

<u>Provider Type Code</u>	<u>Eligible Provider Type</u>
010	Physician
011	Dentist
012	Optometrist
013	Podiatrist
014	Chiropractor
016	Nurse Practitioner
020	Registered Nurse
022	Physical Therapists
023	Occupational Therapists
024	Speech Therapists
025	Audiologists
030	General Hospital
031	Psychiatric Hospital
032	Rehabilitation Hospital
036	Mental Health Services Providers
039	Hospice
040	Federally Qualified Health Center (FQHC)
043	Encountered Rate Clinic (ERC)
044	Health Kids Clinic
046	Ambulatory Surgical Treatment Center (ASTC)
047	Local Education Agency (LEA)
048	Rural Health Clinic
050	Home Health Agency
052	County Health Department
054	Certified Hospital Organized Satellite Clinics (CHOSC)
055	Early Intervention
056	School Based Clinic
060	Pharmacy
061	Independent Laboratory
062	Opticians/Optical Company
063	Durable Medical Equipment/Supply
064	Imaging Centers
070	Transportation (Ambulance)
071	Transportation (Medicar)
072	Taxicab/Livery Companies
073	Other Transportation (non-registered)
074	Hospital based Transportation
075	Alcohol and Substance Abuse
080	Prepaid Health (HMO)
083	Prepaid Health Plans
086*	Clinical Social Worker
087*	Psychologist
088*	Other Behavioral Health Providers

*These provider types are enrolled with the Department for the purpose of collecting Medicaid Managed Care encounter data. The Department does not currently reimburse these provider types for services rendered to Medicaid participants.

LICENSE/CERTIFICATION/ENROLLMENT REQUIREMENTS

MEDICAL LICENSE/PUBLIC HEALTH/ASSOCIATION CERTIFICATION NUMBER: Individual practitioners licensed by the Illinois Department of Professional Regulation are to enter their own professional license number. All other provider types are to enter their Public Health or applicable association certification number.

NOTE: All OUT-OF-STATE applicants must enclose a copy of a currently valid licensure/certification form including expiration date.

APPLICANTS LISTED BELOW MUST ENCLOSE THE DOCUMENTATION DESCRIBED WHEN THE APPLICATION IS SUBMITTED.

AMBULANCE: 1) Copy of certification issued by appropriate regulatory agency (i.e., for Illinois the regulatory agency is the Department of Public Health), and 2) enclose a copy of Medicare letter with approved Method of Payment. (OUT-OF-STATE Ambulance enclose ALS certification if applicable).

AMBULATORY SURGICAL TREATMENT CENTER: 1) Copy of license issued by appropriate regulatory agency (i.e., for Illinois the regulatory agency is the Department of Public Health), and 2) copy of Medicare Certification. An ASTC must submit a copy of CLIA Certification issued by HHS to enroll for laboratory services.

CERTIFIED REGISTERED NURSE ANESTHETISTS: 1) Copy of RN license, and 2) CRNA Certification.

HOME HEALTH AGENCY: 1) Copy of license, 2) copy of letter of Health and Human Services (HHS) certification with approved rate of reimbursement, and 3) copy of completed Disclosure of Ownership and Control Interest Statement Form (HCFA 1513).

HOSPICE: 1) Copy of license and Medicare Letter of Certification with Medicare approved rate of reimbursement, and 2) copy of completed Disclosure of Ownership and Control Interest Statement Form (HCFA 1513).

HOSPITAL: 1) Copy of license issued by State Licensing Board, 2) Copy of Medicare Letter of Certification and 3) copy of completed Disclosure of Ownership and Control Interest Statement Form (HCFA 1513).

IMAGING CENTERS: 1) Copy of Medicare certification as a Portable X-Ray provider, 2) copy of completed Disclosure of Ownership and Control Interest Statement Form (HCFA 1513).

LABORATORY: 1) Copy of Clinical Laboratory Improvement Act (CLIA) certification. 2) Copy of completed Disclosure of Ownership and Control Interest Statement Form (HCFA 1513).

MIDWIFE: 1) Copy of RN license, 2) copy of letter of Certification by the College Nurse Midwife Association, and 3) copy of Delivery Privilege Form with delivering physician identified.

NURSE PRACTITIONER: 1) Copy of RN license, 2) copy of Certification from American Nurse Association or National Certification Board of Pediatrics, and 3) copy of Medical Practice Agreement between Physician and Nurse Practitioner, and 4) Copy of Clia Certification if applicable, and 5) Copy of DEA certificate if applicable.

PHARMACY: 1) Copy of Pharmacy license, 2) Copy of Pharmacist-In-Charge license, 3) Copy of DEA certificate

PHYSICIANS: 1) Copy of Physician license, 2) Copy of DEA certificate if applicable.

RURAL HEALTH: Copy of HHS letter of certification with rate or reimbursement.

TRANSPORTATION: Copy of Vehicle Identification Card for all vehicles approved to transport medical clients.

PROVIDER TYPE/CATEGORY OF SERVICE TABLE

PROVIDER TYPEALLOWABLE CATEGORY OF SERVICE

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
010	Physicians	001	Physician Services
		006	Physicians Psychiatric Services
		017	Anesthesia Services
		030	Healthy Kids Services
		045	Optical Supplies
011	Dentists	001	Physicians Services
		002	Dental Services
012	Optometrists	001	Physicians Services
		003	Optometric Services
		045	Optical Services
013	Podiatrists	004	Podiatry Services
014	Chiropractors	005	Chiropractic Services
016	Nurse Practitioner	030	Healthy Kids Services
		057	Nurse Practitioner Services
020	Registered Nurses	017	Anesthesia Services
		018	Midwife Services
		030	Healthy Kids Services
022	Physical Therapists	011	Physical Therapy Services
023	Occupational Therapists	012	Occupational Therapy Services
024	Speech Therapists	013	Speech Therapy/Pathology Services
025	Audiologists	014	Audiology Services
		041	Medical Equipment/Prosthetic Devices
		048	Medical Supplies

PROVIDER TYPE/CATEGORY OF SERVICE TABLE

<u>PROVIDER TYPE</u>		<u>ALLOWABLE CATEGORY OF SERVICE</u>	
030	General Hospitals	001	Physicians Services
		012	Occupational Therapy Services
		013	Speech Therapy/Pathology Services
		014	Audiology Services
		017	Anesthesia Services
		020	Inpatient Hospital Services (General)
		021	Inpatient Hospital Services (Psychiatric)
		022	Inpatient Hospital Services (Physical Rehabilitation)
		024	Outpatient Services (General)
		025	Outpatient Services (ESRD)
		026	General Clinic Services
		027	Psychiatric Clinic Services (Type 'A')
		028	Psychiatric Clinic Services (Type 'B')
		029	Clinic Services (Physical Rehabilitation)
		030	Healthy Kids Services
		035	Alcohol and Substance Abuse Rehab. Services
		037	Skilled Care - Hospital Residing
		038	Exceptional Care - Hospital Residing
		039	DD/MI Non-Acute Care - Hospital Residing
		040	Pharmacy Services (Drug and OTC)
		041	Medical Equipment/Prosthetic Devices
		045	Optical Supplies
		048	Medical Supplies
		050	Emergency Ambulance Transportation
		051	Non-Emergency Ambulance Transportation
		052	Medicar Transportation
		054	Service Car
		069	Subacute Care
		098	MPE Certification
031	Psychiatric Hospitals	001	Physicians Services
		012	Occupational Therapy Services
		013	Speech Therapy/Pathology Services
		014	Audiology Services
		017	Anesthesia Services
		021	Inpatient Hospital Services (Psychiatric)
		024	Outpatient Services (General)
		026	General Clinic Services
		027	Psychiatric Clinic Services (Type 'A')
		028	Psychiatric Clinic Services (Type 'B')
		035	Alcohol and Substance Abuse Rehab. Services
		037	Skilled Care - Hospital Residing
		038	Exceptional Care - Hospital Residing
		040	Pharmacy Services (Drug and OTC)
		041	Medical Equipment/Prosthetic Devices
		045	Optical Services
		048	Medical Supplies
		050	Emergency Ambulance Transportation
		051	Non-Emergency Ambulance Transportation
		052	Medicar Transportation
		054	Service Car
		067	Maternal & Child Health Application

PROVIDER TYPE/CATEGORY OF SERVICE TABLE

<u>PROVIDER TYPE</u>		<u>ALLOWABLE CATEGORY OF SERVICE</u>	
032	Rehabilitation Hospitals	001	Physicians Services
		012	Occupational Therapy Services
		013	Speech Therapy/Pathology Services
		014	Audiology Services
		017	Anesthesia Services
		022	Inpatient Hospital Services (Physical Rehabilitation)
		024	Outpatient Services (General)
		025	Outpatient Services (ESRD)
		029	Clinic Services (Physical Rehabilitation)
		037	Skilled Care - Hospital Residing
		038	Exceptional Care - Hospital Residing
		039	DD/MI Non-Acute Care - Hospital Residing
		040	Pharmacy Services (Drug and OTC)
		041	Medical Equipment/Prosthetic Devices
		045	Optical Services
		048	Medical Supplies
		050	emergency Ambulance Transportation
		051	Non-Emergency Ambulance Transportation
		052	Medicar Transportation
		054	Service Car
		067	Maternal & Child Health Applicationh
039	Hospice	060	Home Care
		061	General Inpatient
		062	Continuous Care Nursing
		063	Respite Care
040	Federally Qualified Health Centers (FQHC)	026	General Clinic Services
		030	Healthy Kids Services
		040	Pharmacy Services (Drug and OTC)
042	School Based Clinics	026	General Clinic Services
		030	Healthy Kids Services
043	Encounter Rate Clinics (ERC)	026	General Clinic Services
		030	Healthy Kids Services
		040	Pharmacy Services (Drug and OTC)
044	Healthy Kids Clinics	030	Healthy Kids Services
046	Ambulatory Surgical Treatment Center	024	Outpatient Services (General)

PROVIDER TYPE/CATEGORY OF SERVICE TABLE

<u>PROVIDER TYPE</u>		<u>ALLOWABLE CATEGORY OF SERVICE</u>	
047	Local Education Agencies (LEA)	001	Physicians Services
		002	Dental Services
		003	Optometric Services
		006	Physicians Psychiatric Services
		010	Nursing Services
		011	Physical Therapy Services
		012	Occupational Therapy Services
		013	Speech Therapy/Pathology Services
		014	Audiology Services
		030	Healthy Kids Services
		052	Medicar Transportation
		053	Taxicab Services
		054	Service Car
		055	Auto Transportation (Private)
		056	Other Transportation
		058	Social Work
		059	Psychologist
048	Rural Health Clinics	026	General Clinic Services
		030	Healthy KIDS Services
050	Home Health Agencies	010	Nursing Services
		011	Physical Therapy Services
		012	Occupational therapy Services
		013	Speech Therapy/Pathology Services
		016	Home Health Aids
052	County Health Departments	001	Physicians Services
		010	Nursing Services
		011	Physical Therapy Services
		012	Occupational Therapy Services
		013	Speech Therapy/Pathology Services
		016	Home Health Aids
		017	Anesthesia Services
		030	Healthy Kids Services
054	Certified Hospital Organized Satellite Clinics (CHOSC)	001	Physicians Services
		012	Occupational Therapy Services
		013	Speech Therapy/Pathology Services
		014	Audiology Services
		017	Anesthesia Services
		030	Healthy Kids Services
		040	Pharmacy Services (Drug and OTC)
		041	Medical Equipment/Prosthetic Devices
		048	Medical Supplies
055	Early Intervention	007	Development Therapy, Orientation and Mobility Services
		031	Early Intervention Services
		068	Targeted Care Management Services

PROVIDER TYPE/CATEGORY OF SERVICE TABLE

<u>PROVIDER TYPE</u>		<u>ALLOWABLE CATEGORY OF SERVICE</u>	
056	School Based Clinics	001	Physicians Services
		030	Healthy Kids Services
060	Pharmacies	040	Pharmacy Services (Drugs and OTC)
		041	Medical Equipment/Prosthetic Devices
		048	Medical Supplies
061	Independent Laboratories	043	Clinical Laboratory Services
062	Opticians/Optical Companies	045	Optical Supplies
063	Other Providers of Medical Equipment/Supplies (Non-Registered)	041	Medical Equipment/Prosthetic Devices
		048	Medical Supplies
064	Imaging Centers	001	Physicians Services
		044	Portable X-Ray Services
070	Ambulance Service Providers	050	Emergency Ambulance Transportation
		051	Non-Emergency Ambulance Transportation
		052	Medicar Transportation
		054	Service Car
		056	Other Transportation
071	Medicar Providers	052	Medicar Transportation
		054	Service Car
072	Taxicab and Livery Companies	053	Taxicab Service
		054	Service Car
073	Other Transportation Providers (Non-Registered)	055	Auto Transportation (Private)
		056	Other Transportation
074	Hospital-Based Transportation Providers	050	Emergency Ambulance Transportation
		051	Non-Emergency Ambulance Transportation
		052	Medicar Transportation
		053	Taxicab Services
		054	Service Car
075	Alcohol & Substance Abuse Provider	035	Alcohol & Substance Abuse Rehab. Services
080	Health Maintenance Organization	030	Healthy Kids Services
		081	HMO Services
083	Prepaid Health Plans	081	HMO Services
086*	Clinical Social Worker	058	Social Worker
087*	Psychologist	059	Psychologist
088*	Other Behavioral Health Providers	064	Other Behavioral Health

*These provider types are enrolled with the Department for the purpose of collecting Medicaid Managed Care encounter data. The Department does not currently reimburse these provider types for services rendered to Medicaid participants.

(For Use In Completion Of Enrollment Application)

HOSPITAL DELIVERY PRIVILEGES

SPECIALITY CODES FOR DENTISTS

(For Use In Completion Of Enrollment Application)

ENS	ENDODONTICS	OSU	ORAL SURGERY
PER	PERIODONTISTS	ORT	ORTHODONTIST
PRO	PROSTHODONTIST	ORP	ORAL PATHOLOGY
PED	PEDODONTICS	MFS	MAXILLOFACIAL SURGERY
GD	GENERAL DENTISTRY		
GDA	GENERAL DENTISTRY ANESTHESIA		

SPECIALITY CODES FOR OPTOMETRISTS

DPA	DIAGNOSTIC PHARMACEUTICAL AGENTS
TPA	THERAPEUTIC PHARMACEUTICAL AGENTS

HOSPITAL PRIVILEGE CODES

DPF	CERTIFIED IN FAMILY PRACTICE BY THE MEDICAL SPECIALTY BOARD RECOGNIZED BY THE AMERICAN BOARD OF MEDICAL SPECIALTIES.
DPP	CERTIFIED IN PEDIATRICS BY THE MEDICAL SPECIALTY BOARD RECOGNIZED BY THE AMERICAN BOARD OF MEDICAL SPECIALTIES.
FQH	EMPLOYED BY OR AFFILIATED WITH A FEDERALLY QUALIFIED HEALTH CENTER (FQHC).
DAP	HAVE ADMITTING PRIVILEGES AT A HOSPITAL.
NHS	MEMBER OF THE NATIONAL HEALTH SERVICES CORPS.
DPS	HAVE CURRENT, FORMAL CONSULTATION AND REFERRAL ARRANGEMENTS WITH A PEDIATRICIAN OR FAMILY PRACTITIONER FOR THE PURPOSES OF SPECIALIZED TREATMENT AND ADMISSION TO A HOSPITAL.